

Please type a plus sign (+) inside this box →

IFN

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/696,266
		Filing Date	October 29, 2003
		Confirmation Number	6516
		First Named Inventor	Benetti et al.
		Group Art Unit	3738
		Examiner Name	O'Connor, Cary E.
Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-005DIV6

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (2 pgs.) <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Response to Restriction Requirement (2pgs.) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Revocation, Power of Attorney Change of Correspondence Address <input type="checkbox"/> Statement Under 37CFR 3.73(b) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
<input type="checkbox"/> Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

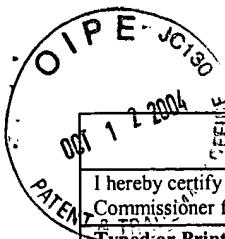
Firm or Individual Name	ALAN W. CANNON, Reg. No. 34,977
Signature	
Date	10/6/04

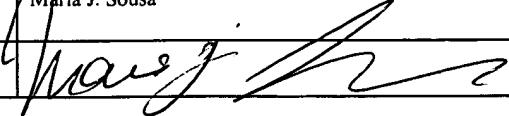
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Typed or printed name	Maria J. Sousa	Date	10/6/2004
Signature			

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450



CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Typed or Printed Name	Maria J. Sousa	
Signature		Date
		10/6/2004

RESPONSE TO RESTRICTION REQUIREMENT	Attorney Docket Confirmation No.	GUID-005DIV6 6516
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Benetti et al.
	Application Number	10/696,266
	Filing Date	10/29/2003
	Group Art Unit	3738
	Examiner Name	O'Connor, Cary E.
	Title	Surgical Instruments and Procedures for Stabilizing the Beating Heart During Coronary Artery Bypass Graft Surgery

Sir:

This is in response to the Restriction Requirement dated September 17, 2004 for which a one-month period for response was given making this response due on or before October 17, 2004.

THE RESTRICTION REQUIREMENT

In the Official Action dated September 17, 2004, the Examiner required restriction to one of the following inventions that the Examiner identified:

Group I – Claims 23-44 and 47-60, drawn to a stabilizing device; and

Group II – Claims 45-46, drawn to a method of stabilizing a beating heart.

The Examiner required election of one of the above-listed inventions in order to be responsive to the Office Action.

RESPONSE

In response to the restriction requirement, Applicants elect Group I, claims 23-44 and 47-60, without traverse.

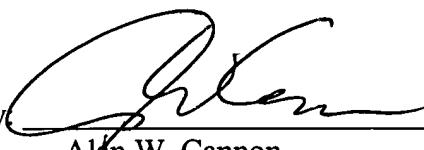
Conclusion

Applicants respectfully submit that a proper response has been made to the Restriction Requirement., and that all of the claims in this application are in condition for allowance, which action is requested. If the Examiner finds that a telephone conference would expedite the prosecution of this application, please telephone the undersigned at the number provided.

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extensions of time, or credit any overpayment to Deposit Account No. 50-2653, order number G UID-005DIV6.

Respectfully submitted,
LAW OFFICE OF ALAN W. CANNON

Date: 10/6/04

By 
Alan W. Cannon
Registration No. 34,977

LAW OFFICE OF ALAN W. CANNON
834 South Wolfe Road
Sunnyvale, CA 94086
Telephone: (408) 736-3554
Facsimile: (408) 736-3564